

IFM 3624

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|---|------------------------|----------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/923,617 |
| | Filing Date | August 6, 2001 |
| | First Named Inventor | Frank J. Gangi |
| | Art Unit | 3624 |
| | Examiner Name | Ella Colbert |
| Total Number of Pages in This Submission | Attorney Docket Number | 025656.000003 |

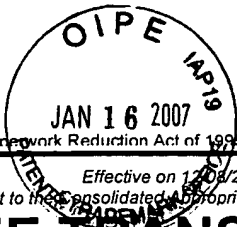
| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | 1. Fee Transmittal (with fee); |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | 2. Third Supplemental Information Disclosure Statement; and |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | 3. Postcard. |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | Bracewell & Giuliani LLP (Customer No. 35979) | | |
| Signature | | | |
| Printed name | Jeffrey S. Whittle | | |
| Date | 1-8-07 | Reg. No. | 36,382 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|-----------|------|-----------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature | | | |
| Typed or printed name | Dora Rios | Date | 1-10-2007 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

0

Complete if Known

| | |
|----------------------|----------------|
| Application Number | 09/923,617 |
| Filing Date | August 6, 2001 |
| First Named Inventor | Frank J. Gangi |
| Examiner Name | Ella Colbert |
| Art Unit | 3624 |
| Attorney Docket No. | 025656.000003 |

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 500259 Deposit Account Name: Bracewell & Giuliani LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES**Fee Description**Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 50 | 25 |
| 200 | 100 |
| 360 | 180 |

| | | | |
|--------------|----------------|----------|---------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| 0 | - 20 or HP = 0 | x 0 | = 0 |

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|---------------|---------------|----------|---------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| 0 | - 3 or HP = 0 | x 0 | = 0 |

HP = highest number of independent claims paid for, if greater than 3.

| | |
|---------------------------|---------------|
| Multiple Dependent Claims | |
| Fee (\$) | Fee Paid (\$) |
| | 0 |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| 0 | - 100 = 0 | / 50 = 0 (round up to a whole number) x 0 | = 0 | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

0

Other (e.g., late filing surcharge): Third Supplemental Information Disclosure Statement

180.00

SUBMITTED BY

| | | | |
|-------------------|--------------------|--|------------------------|
| Signature | | Registration No. (Attorney/Agent) 36,382 | Telephone 713-221-1185 |
| Name (Print/Type) | Jeffrey S. Whittle | Date | 1-8-07 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CERTIFICATE OF MAILING 37 C.F.R. 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Date

1-10-2007

Dora Rios

Dora Rios

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|---------------------------------|---|-----------------------------------|
| In re Patent Application of: |) | |
| Gangi |) | Confirmation No. 1740 |
| |) | |
| Serial No.: 09/923,617 |) | Examiner: Colbert, Ella |
| |) | |
| Filed: August 6, 2001 |) | Group Art Unit: 3624 |
| |) | |
| For: WALLET CONSOLIDATOR |) | Attorney Docket No. 025656.000003 |
| |) | |

THIRD SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
UNDER 37 C.F.R. § 1.97

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Sir:

Attached is Form PTO-1449A listing references for consideration in the examination of the above-titled patent application. It is requested that these references be considered by the Examiner and officially made of record in accordance with the provisions of 37 C.F.R. § 1.97 and Section 609 of the M.P.E.P.

This Information Disclosure Statement is being filed after issuance of a first office action and therefore Applicant submits herewith the required fee of \$180.00. In the event a fee is required, the Commissioner is hereby authorized to charge any underpayments or credit any overpayments to Bracewell & Giuliani LLP's Deposit Account 50-0259 (025656.000003).

01/17/2007 YPOLITE1 03222032 03923617

01 FEB 16 2007

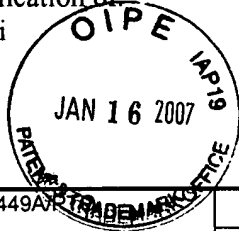
100.00 UP

Date:

1-8-07

Respectfully submitted,

Jeffrey S. Whittle, Reg. No. 36,382
BRACEWELL & GIULIANI LLP
P.O. Box 61389
Houston, Texas 77208-1389
Telephone: (713) 221-2900
Facsimile: (713) 221-2141



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|---|---|---------------|-----------------------------|--|--|
| Substitute for form 1449A | | | | Complete if Known | |
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary) | | | | Application Number | 09/923,617 |
| | | | | Filing Date | August 6, 2001 |
| | | | | First Named Inventor | Frank J. Gangi |
| | | | | Group Art Unit | 3624 |
| | | | | Examiner Name | Ella Colbert |
| Sheet | 1 | Of | 1 | Attorney Docket Number | 025656.000003 |
| U.S. PATENT DOCUMENTS | | | | | |
| Exr Initials | U.S. Patent Document Number | | Kind Code (if known) | Name of Inventor or Applicant of Cited Document | Date of Publication of Cited Document MM-YYYY |
| | 2006/0169768 | | A1 | Gangi | 11-2006 |
| | 7,083,087 | | B1 | Gangi | 08-2006 |
| FOREIGN PATENT DOCUMENTS | | | | | |
| Exr Initials | Foreign Patent Document | | | Name of Inventor or Applicant of Cited Document | Date of Publication of Cited Document MM-YYYY |
| | Country Code | Number | Kind Code (if known) | | |
| | | | | | |
| | | | | | |
| OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS | | | | | |
| Exr Initials | Include Name of first Author (in CAPITAL LETTERS), title of the article (where appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), volume-issue number(s), page(s), date (in parentheses). If a book, also include publisher and city and/or county where published. | | | | T₁ |
| | | | | | |
| | | | | | |
| Examiner Signature | | | | Date Considered | |